North Dakota MMIS System Changes

The following summary points are intended to give providers an overview of changes that may affect how providers bill for services once the ND MMIS system is in production. All providers must enroll in the North Dakota MMIS system or payment can't be generated. Providers will notice changes in the remittance advice, adjudication process and payment policy. The provider reimbursement manual will contain additional information. This is being finalized and will be posted at a later date. At that time, you will be able to refer to this for specific information on policy and claims submission requirements.

All Providers

- Benefit Plans will be used to identify program(s) for which a member is eligible. Separate benefit plans may have different service authorizations, referral requirements, service limits, and benefit coverage. Depending on the benefit plan for which the member is eligible, this may affect which member ID number is used for submission of the claims.
- The current telephonic eligibility verification system (Verify) will be replaced by an Automated Voice Response System (AVRS) that will offer many new features.
- All in and out of state providers or medical staff who perform services, whether they are the billing or rendering provider, must enroll as a provider with North Dakota Medicaid.

Billing Requirements for All Providers
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- There will be several changes being made to how providers submit claims, service authorizations and other transactions to the Department. The new requirements apply to the member identification (ID) numbers, provider numbers, NPI number and taxonomy codes. These new requirements must be followed to match how the data is stored in the system. If this data is not submitted in the correct format in its entirety the claim or SA will be denied.
- Newly enrolled Medicaid members will be receiving new Medicaid numbers that start with ND, contain 7 digits and are a total of nine characters long. Members who are currently enrolled will retain their current ID numbers and ID cards. Providers must enter the full Medicaid ID number on all claims, service authorizations and other

transactions exactly as the number is shown on the Medicaid ID card or notice of eligibility.
- Providers eligible for an NPI number must utilize the NPI on all claims, service authorizations and other transactions.
- Providers who utilize an NPI number must also submit their appropriate taxonomy code on all claims, service authorizations and other transactions.
- Providers who are exempt from NPI requirements, such as QSPs and non-emergency travel and lodging providers, will be receiving a new Medicaid provider number. Providers must enter the full Medicaid provider number when submitting claims, service authorizations and other transactions.

Clinic Providers
- Billing requirements for multiple surgeries and bilateral procedures will be updated to comply with National Coding Standards.

Prospective Payment System (PPS) Hospitals
- A modified Ambulatory Payment Classification (APC) outpatient prospective payment system will be effective with the implementation for outpatient services provided by instate acute PPS hospitals.

Dental

- Dental providers must submit a Service Authorization (SA) for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) needing extra time during dental visits.

DD Waivered Service Providers

- New 5 digit procedure codes have been assigned for DD waivered services. The specific codes will be available during training and on our website.

Qualified Service Providers (QSP), Developmental Disability (DD), Travel and lodging providers

- New webpages and claim forms have been developed for Home and Community-Based Services (HCBS), Developmental Disabilities (DD)

waivered services, other waivered services and non-emergency travel and lodging providers. These webpages replace the web file transfer and allow providers to enter claims directly into the North Dakota MMIS Web Portal. New paper claims forms will be available on the DHS website.

All providers excluding QSP, DD, Travel and lodging

- North Dakota MMIS system supports all HIPAA compliant transactions such as eligibility inquiry, claims status, service authorization and electronic remittance advice.
- All services provided to members who have elected hospice, furnished by a provider other than the hospice provider, will require a Service Authorization (SA). The hospice provider will need to coordinate with the non-hospice billing provider to submit the SA.
- All documentation to support claims that are submitted electronically through the North Dakota Web Portal or EDI must be received within 30 days from receipt of the claim or the claim will be denied. Providers must include their tracking number/confirmation page when submitting their attachment.
- New webpages have been developed which allow providers to enter claims directly into the North Dakota Web Portal. Providers will also be able to upload batches that meet Electronic Data Interchange (EDI) specifications. These options replace the current web file transfer or other software that providers may currently be using.

ASC Providers

- Ambulatory Surgical Centers (ASC) will have changes in enrollment, billing and payment policy. All ASC providers will be required to submit their claims by using either an electronic format HIPAA compliant 837 Professional Health Care Claim, EDI or a paper CMS-1500 claim form.

Long Term Care Providers

- Providers will utilize an automated process to submit admission and discharge information for recipients residing in a long term care facility or that have elected hospice.
- Nursing Facilities will bill for services using the North Dakota Web Portal using an electronic format HIPAA-compliant 837 Institutional

Health Care Claim or EDI. Providers will have to submit a National Provider Identification number (NPI) and taxonomy code on the claim.

- Basic care providers will bill for services using the ND Health Enterprise web portal using an electronic format HIPAA-compliant 837 Institutional Health Care Claim or EDI. Providers will have to submit an NPI and taxonomy code on the claim.
- To ensure proper reimbursement, providers of both basic care and nursing facility services are encouraged to have a separate NPI for each type of service.
- Psychiatric Residential Treatment Facilities (PRTF) will bill for services using the ND Health Enterprise web portal using an electronic format HIPAA-compliant 837 Institutional Health Care Claim or EDI. Providers will have to submit an NPI and taxonomy code on the claim.
- ICF/IID providers will bill for services using the ND Health Enterprise web portal using an electronic format HIPAA-compliant 837 Institutional Health Care Claim or EDI. Providers will have to submit an NPI and taxonomy code on the claim.

Additional information will be communicated to providers as we move towards Implementation of the North Dakota MMIS. This information will be on the DHS website, provider bulletins and remittance advice. This will include information on claim submission, service authorization, training and other topics.